

**NEW APPLICATION
INSTRUCTIONS AND FORMS
NONPUBLIC, NONSECTARIAN AGENCY**

**NOTE: INSTRUCTIONS FOR COMPLETING SPECIFIC APPLICATION FORMS
ARE LOCATED ON THE PAGES PRECEDING EACH REQUIRED
FORM.**

INSTRUCTIONS

NOTIFICATION OF INTENT TO SEEK NEW NONPUBLIC NONSECTARIAN SCHOOL/AGENCY CERTIFICATION TO THE SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)

Instructions for completing and submitting the SELPA notification:

- The applicant must complete the top portion of the following notification form and attach a copy of the completed new application.
- The applicant must mail the notification form along with a copy of the completed new application to the SELPA. **The applicant must use a mailing service that provides a receipt as proof of delivery.**
- The SELPA will return the signed notification form to the applicant. This document shall serve as proof of notification to the SELPA.
- The applicant must mail the signed SELPA notification form along with the completed new application to the California Department of Education and retain a copy of the signed SELPA notification and new application for his or her files.

Notification of Intent to Seek New Nonpublic, Nonsectarian School/Agency Certification

Date: _____

To: Name of Special Education Local Plan Area (SELPA): _____

From: ☐ Name of New Nonpublic School (NPS): _____

Address: _____

Site Administrator: _____ Telephone: _____

☐ Name of New Nonpublic Agency (NPA): _____

Address: _____

Site Administrator: _____ Telephone: _____

Education Code Section 56366.1(b)(1) requires the applicant to provide the special education local plan area in which the applicant is located with the written notification of its intent to seek certification or renewal of its certification to provide services for individuals with exceptional needs.

SELPA USE ONLY

SELPA representative to sign below:

I am the representative of the SELPA in which the applicant is located. I have been notified of the intent of the school or agency named above to be certified by the California Department of Education as a nonpublic, nonsectarian school/agency providing services for individuals with exceptional needs. I have reviewed the new application and have had the opportunity to provide input on all required components of the application, including the curriculum/course of study and instructional materials for the nonpublic school.

Printed Name of SELPA: _____

Printed Name of SELPA Representative: _____

Signature of SELPA Representative: _____

Please return this signed verification to the applicant named above for submission to the California Department of Education.

**INSTRUCTIONS
NEW NONPUBLIC, NONSECTARIAN AGENCY
APPLICATION FORMS**

Type or print clearly when completing application.

1. Applicant Information

- Complete each section.
- Indicate the name of the county in which your agency is located.
- List the name of the site administrator and a contact person.
- Provide your FAX number, **e-mail address and website address**, if applicable.

2. Disabling Conditions

- Check box for the type(s) of disabilities served by your agency.

3. Population Served:

- Check box to indicate the group served: COED FEMALE MALE
- Indicate grade level(s) served.
- Indicate age range served.
- State the **maximum** number of students to be served by your program for the calendar year (in the program capacity). The fee submitted must be aligned with the program capacity.

**NEW CERTIFICATION APPLICATION
NONPUBLIC, NONSECTARIAN AGENCY**
(See Instructions on prior page).

Type or print clearly.

Date : _____

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|-----------------------|
| Office Use Only |
| \$_____ Fee Submitted |

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|---|
| 1. APPLICANT INFORMATION |
| Name of Nonpublic, Nonsectarian Agency: |
| Site Address: |
| City: _____ County: _____ State: _____ Zip: _____ |
| Mailing Address (if different): |
| City: _____ State: _____ Zip: _____ |
| Site Administrator: |
| Telephone: () _____ Fax: () _____ |
| E-mail Address: _____ Web Site Address: _____ |

| | |
|---|--|
| 2. DISABLING CONDITIONS | |
| <i>(CHECK BOX FOR THE TYPE(S) OF DISABILITIES SERVED)</i> | |
| <input type="checkbox"/> AUT Autism | <input type="checkbox"/> OI Orthopedic Impairment |
| <input type="checkbox"/> DB Deaf/Blindness | <input type="checkbox"/> ED Emotional Disturbance |
| <input type="checkbox"/> DEAF Deafness | <input type="checkbox"/> SL Speech or Language |
| <input type="checkbox"/> HI Hearing Impairment | <input type="checkbox"/> SLD Specific Learning Disability |
| <input type="checkbox"/> MD Multiple Disabilities | <input type="checkbox"/> TBI Traumatic Brain Injury |
| <input type="checkbox"/> MR Mental Retardation | <input type="checkbox"/> VI Visual Impairment |
| <input type="checkbox"/> OHI Other Health Impairment | |

| | | | |
|---|--|--|--|
| 3. POPULATION SERVED | | | |
| Check Box to Indicate Group Served: <input type="checkbox"/> COED <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE | | | |
| Grade Level(s) Served: | | | |
| Age Range Served: | | | |
| Program Capacity: | | | |

Type or print clearly when completing application.

4. Program and Service Description (*Education Code* Section 56366.10)

Provide a description of the designated instruction and services provided to individuals with exceptional needs, including the following items:

- Disabling conditions of the students served
- Specific services designed to address student needs

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|--|
| NAME OF NONPUBLIC, NONSECTARIAN AGENCY: DATE: |
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|-----------|--|
| 4. | PROGRAM AND SERVICE DESCRIPTION |
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Type or print clearly when completing application.

5. Service Fees

- Include only services for which your agency has qualified staff.
- For qualification standards, refer to *California Code of Regulations*, Title 5, Section 3065, Staff Qualifications – Related Services, including Designated Instruction and Services.
- For each of the services listed on page 8, the names of appropriately credentialed, licensed, certified, or registered staff to perform these services must be recorded on page 12.* Submit a copy of the appropriate credential, license, certificate, transcript, degrees or registration for each staff person listed.
- List service fees in the following categories:
 - Per hour
 - Per day
 - Per month

* **Note:** Abbreviations for each DIS are listed on page 8. These abbreviations must be listed in column d on the form provided on page 12.

NAME OF NONPUBLIC, NONSECTARIAN AGENCY:
DATE:

5. SERVICE FEES

(include only the services your agency currently has qualified staff.)

| DESIGNATED INSTRUCTION AND SERVICES AND RELATED SERVICES | Per Hour | Per Day | Per Month |
|--|-----------------|----------------|------------------|
| Adapted Physical Education (APE) | | | |
| Assistive Technology Services (AST) | | | |
| Audiological Services (AS) | | | |
| Behavior Intervention Including Development and Modification (BID) | | | |
| Behavior Intervention Implementation of Behavior Modification Plans (BII) | | | |
| Counseling and Guidance Services (CG) | | | |
| Early Education Programs for Children with Disabilities (EE) | | | |
| Health and Nursing Services (HNS) | | | |
| Instruction in the Home or Hospital (IHH) | | | |
| Language and Speech Development and Remediation (LSD) | | | |
| Occupational Therapy Services (OT) | | | |
| Orientation and Mobility Instruction (OM) | | | |
| Parent Counseling and Training (PCT) | | | |
| Physical Therapy Services (PT) | | | |
| Psychological Services Other Than Assessment and IEP (PS) | | | |
| Recreation Services (RS) | | | |
| Social Worker Services (SW) | | | |
| Specialized Driver Training Instruction (SDTI) | | | |
| Specialized Interpreting or Transcribing Services (SIT) | | | |
| Specialized Services for Low Incidence (LI) (Identify Service) | | | |
| Specially Designed Vocational Education and Career Development (VECD) | | | |
| Vision Services (VS) | | | |
| Other (OTH) (Identify Service) | | | |

Type or print clearly when completing application.

6. Geographical Location of Nonpublic, Nonsectarian Agency

- The applicant must provide written directions and a street map showing the location of your agency from the nearest major freeways and airport.
- If services are provided on public or nonpublic schools sites or where the student(s) currently reside, an agency map and written direction are not needed.

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|--|
| NAME OF NONPUBLIC, NONSECTARIAN AGENCY: DATE: |
| 6. GEOGRAPHIC LOCATION OF NONPUBLIC, NONSECTARIAN AGENCY: (MAP) |

Services will be/are provided on public or nonpublic school sites only: Yes_____ No_____

Type or print clearly when completing application.

7. Staff List and Clearance Information

- a) Type or print the full name of all individuals who have contact with students.
- b) Include the name of the individual or NPA providing services if you subcontract with an individual(s) or NPS(s) to provide services under your certification. In column b, mark an "X" by the individual or NPA subcontracting with the agency to provide designed instruction and services (DIS).
- c) Indicate whether the employee is full-time or part-time using the abbreviation FT or PT.
- d) **Use the 2-4 letter designation for special education instruction or related services listed on page 9.**
- e) Submit credential, license, certification, or registration for the service(s) for which you seek certification.
 - **Degrees/transcripts are to be submitted only for staff providing Behavior Intervention Services-Including Development and Modification (BID), if applicable.**
 - **Proof of high school graduation, or equivalent, must be submitted for staff providing Behavior Intervention-Implementation of Behavior Modification Plans (BII).**
- f) **Provide the expiration date of certification, credential, license, or registration, if applicable.**
- g) **Provide the TB clearance date. Refer to page 5, General Information, Tuberculosis Clearance Requirements for clarification.**
- h) Provide DOJ criminal history clearance dates. Use abbreviations "cred." or "lic." For individuals who received a criminal history clearance date through a credentialing and /or licensing process. **For more information, refer to Staff Fingerprint Clearance Requirements beginning on page 4 of General Information.**

For Out-of-State Applicants Only: If your state has requirements that are different from above, write a letter and provide a copy of the statute or regulation governing fingerprint or criminal record summaries and submit these with your application.

Note: Nonpublic agencies must notify the Office of Nonpublic Schools and Agencies and their contracting local education agencies in writing within forty-five days of any credential or licensed personnel changes. Failure to provide properly qualified staff to provide services as specified in the individualized education program shall be cause for the termination of all contracts between the local education agency and the nonpublic school or agency. **Information provided will be accepted only if it is included by using the form on page 12 or an exact facsimile of the form.** All columns must be completed. Use additional sheets if necessary.

| | |
|---|-------|
| NAME OF NONPUBLIC, NONSECTARIAN AGENCY: | DATE: |
|---|-------|

7.

STAFF LIST AND CLEARANCE INFORMATION

(Use additional sheets as necessary.)

[illegible]

USE OF THIS FORM OR A FACSIMILE IS A MANDATORY REQUIREMENT TO PROCESS THIS APPLICATION. ALL COLUMNS MUST BE COMPLETED.YOUR APPLICATION MAY BE RETURNED IF THIS INFORMATION IS NOT COMPLETE.

Type or print clearly when completing application.

8. Program Data Form

- List only the California districts, county offices of education and Special Education Local Plan Areas (SELPA's) with which you are currently contracting. Also list the number of students and dollar value of contracts for each contractor.
- Put an "X" in the box at the bottom of page 14 if you are currently not contracting with any school districts, county offices of education, or SELPA's .

Note: A nonpublic, nonsectarian school or agency that is located outside of this state is eligible for certification pursuant to *Education Code* Section 56366.1 only if a pupil is enrolled in a program operated by that school or agency pursuant to the recommendation of an individualized education program team in California, and if that pupil's parents or guardians reside in California. (*Education Code* Section 56365 [i])

9. Annual Operating Budget (*Education Code* Section 56366.1[a] [4])

Please provide the nonpublic school/agency budget for calendar year. This fiscal plan should be submitted through a line-item budget format. The annual operating budget is to represent costs associated solely with providing nonpublic school/agency services to special education students.

SUPPLEMENTAL INFORMATION NEEDED FOR CERTIFICATION OF NEW NONPUBLIC, NONSECTARIAN AGENCY

Business License

Submit a copy of your current business license which must include, the name and address of your agency. [**California Code of Regulations, Title 5, Section 3060**]

Zoning Clearance and Conditional Use Permit

If you provide services at your site, submit proof of proper local zoning, conditional use permit, or use permit for your agency site. The clearance must include the name and address of your agency. [**California Code of Regulations, Title 5, Section 3060**].

Written Disaster and Mass Casualty Plan of Action

If you provide services at your site submit a written disaster plan, specifically including fire and earthquake emergency procedures. Include other possible emergency procedures that may relate to your specific area. [**Education Code, sections 32001, 35295-35297**]

Fire Inspection Clearance

If you provide services at your site, submit a fire inspection clearance form. It is a requirement of certification that a fire clearance be issued by the appropriate city, county, fire district or state fire official not less than once each calendar year. **All sites must have individual fire clearances. The inspector must fill in the FACILITY CAPACITY.** The use of this form is optional; other documentation may be utilized that **provides the same information**, location and name of the nonpublic, nonsectarian agency.

Building Safety Inspection Clearance

If you provide services at your site, submit a Building Safety Inspection Clearance. Contact your local city/county Building Department to complete this form. If they are unavailable to inspect, a building safety inspection clearance may be obtained from a licensed building contractor not affiliated with your program. The use of this form is optional. Other documentation may be utilized that **provides the same information**, location and name of the nonpublic, nonsectarian agency.

Health Inspection Clearance

If you provide services at your site, submit a Health Safety Inspection Clearance. Contact your local city/county health department (Environmental Health Unit) to complete this form. If they are unavailable to inspect, a health inspection clearance may be obtained from a licensed public health nurse, registered nurse, school nurse or physician, not affiliated with your program. The use of this form is optional; other documentation may be utilized that **provides the same information**, location and name of the nonpublic, nonsectarian agency.

Out-of-State Applicants Only: Certification by *your* State Department of Education.

Submit a copy of your current certification or license by *your* State Department of Education to provide educational and related services to children with disabilities under PL 105-17 for the state in which your agency is located.

Positive Behavior Intervention

Submit a written acknowledgment that you have read and agree to comply with the Positive Behavior Intervention Regulations, ***California Code of Regulations, Title 5 Section 3052.***

FIRE INSPECTION CLEARANCE*

If services are provided on public or nonpublic school sites only, this form is not required.

THIS ENTIRE FORM MUST BE COMPLETED BY THE INSPECTING AUTHORITY.

| | | | |
|---|---------|--------|------|
| Name of Nonpublic, Nonsectarian Agency: | | | |
| Address: | | | |
| City: | County: | State: | Zip: |

FACILITY CAPACITY: _____

This facility is approved to service (**check appropriate one**):

- ☐ a. ambulatory
- ☐ b. non-ambulatory
- ☐ c. both

This facility complies with all applicable standards related to fire and life safety (**check one**):
 Yes ☐ No ☐

This facility is in violation of standards; the following corrections are needed **(use back of form for more violations)**

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

Nothing contained herein shall be construed as encompassing the structural stability of any building, or as abrogating any more restrictive requirements by other agencies having jurisdiction.

For answers to any questions regarding the above clearance, contact:

| | |
|----------------------------|---------------------|
| Inspector (print name): | |
| Title: | |
| Signature: | |
| Name of Inspecting Agency: | |
| Telephone: () | Date of Inspection: |

Contact the local city or county fire department of the fire district providing fire protection services to arrange for this clearance. If you cannot obtain a local fire clearance, your fire inspection can be ordered through the State Fire Marshal. Contact our office for this form. **All sites MUST have individual fire clearances. It is a requirement of certification that a fire inspection clearance be issued by the appropriate city, county, fire district or state fire official not less than once each calendar year.**

*The use of this form is optional; other documentation may be utilized that **provides the same information**, location, and name of the nonpublic, nonsectarian agency.

This form is not needed if services are provided by your agency in a student's home, public or nonpublic school.

BUILDING SAFETY INSPECTION CLEARANCE*

| | | | |
|---|---------|--------|------|
| Name of Nonpublic, Nonsectarian Agency: | | | |
| Address: | | | |
| City: | County: | State: | Zip: |

Our recent inspection of the above named agency was found to be in compliance with local and state applicable standards.

For answers to any questions regarding the above clearance, contact:

| | |
|----------------------------|---------------------|
| Inspector: (print name) | |
| Title and License Number: | |
| Signature: | |
| Name of Inspecting Agency: | |
| Telephone: () | Date of Inspection: |

Contact your local city/county building department to complete this form. If they are unavailable to inspect, a building safety clearance may be obtained by, a structural or civil engineer, or locally licensed building contractor, not affiliated with your program.

*The use of this form is optional; other documentation may be utilized that **provides the same information**, location, and name of the nonpublic, nonsectarian agency.

This form is not needed if services are provided by your agency in a student's home, public or nonpublic school.

HEALTH INSPECTION CLEARANCE*

| | | | |
|---|---------|--------|------|
| Name of Nonpublic, Nonsectarian Agency: | | | |
| Address: | | | |
| City: | County: | State: | Zip: |

Our recent inspection of the above named agency relating to the health standards of the building(s), was found to be in compliance with local standards and in general compliance with the following items: **Place an “X” or “N/A” in the appropriate boxes.**

| | |
|--|--|
| | Facility is clean, safe, sanitary, and in good repair. |
| | Sufficient toilets are clean and in operating condition. |
| | Water faucets are clean and in operating condition. |
| | If water comes from a private source, a bacteriological analysis was conducted that established the safety of the water. |
| | Soaps and toxins are properly stored. |
| | First aid kit maintained and properly stocked. |
| | Equipment and supplies for personal care/hygiene readily available. |
| | Medications stored and locked appropriately. |
| | A written disaster and mass casualty plan of action is available. |
| | Kitchen, equipment, and utensils clean and well maintained. |
| | Knives are stored in a locked or non-accessible location. |
| | Food is protected against contamination. |
| | All persons are safe from hazards. |
| | Occupancy does not exceed designated capacity. |

For answers to any questions regarding the above clearance, contact:

| | |
|----------------------------|---------------------|
| Inspector: (print name) | |
| Title and License Number: | |
| Signature: | |
| Name of Inspecting Agency: | |
| Telephone: () | Date of Inspection: |

Contact your local city/county health department (Environmental Health Unit) to complete this form. If they are unavailable to inspect, a health inspection clearance may be obtained from a licensed public health nurse, registered nurse, school nurse or physician, not affiliated with your program.

*The use of this form is optional; other documentation may be utilized that **provides the same information**, location, and name of the nonpublic, nonsectarian agency.

This form is not needed if services are provided by your agency in a student’s home, public or nonpublic school.

| |
|--|
| NAME OF NONPUBLIC, NONSECTARIAN AGENCY: DATE: |
|--|

ASSURANCE STATEMENT

I assure that the nonpublic, nonsectarian agency listed above will maintain compliance with all of the following items:

1. In accordance with the Fair Employment Act, employers will not discriminate based on any of the following: sex, race, age, national origin, ancestry, religious creed, physical handicap, medical condition, or sexual orientation (Executive Order 11246; Section 504 of the Rehabilitation Act of 1973: Age Discrimination in Employment Act of 1975: Title VII and Title VI of the of the Civil Rights Act). U.S. Code Title 20 prohibits employment discrimination on the basis of sex in education programs or activities, which receive Federal assistance.
2. Compliance with Title VI of the Civil Rights Act of 1964 (PL 88-352) and all requirements imposed by or pursuant to the provisions of this Act, and to the end, that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the agency receives federal and state financial assistance, and hereby gives assurance that it will immediately take any measure necessary to effectuate this agreement.
3. The nonpublic, nonsectarian agency will comply with the rules and regulations of Part 84, section 504 of the Rehabilitation Act of 1974, and all subsequent amendments, in that no qualified disabled person shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity including those which receive or benefit from financial assistance.
4. Compliance with OSHA Bloodborne Pathogens Standards, 29 Code of Federal Regulations (CFR) 1910.1030.
5. Pursuant to the requirements of the Drug Free Workplace, U.S. Code, Title 41, section 701, the employer must provide a drug free workplace. It is unlawful to manufacture, distribute, use, or possess a controlled substance in the workplace.
6. Compliance with the Individuals with Disabilities Education Act, and all subsequent amendments and requirements imposed by or pursuant to the provisions of these Acts shall be maintained.
7. The nonpublic school has a written policy on sexual harassment. [*Education Code* Section 212]
8. The rights of children with disabilities and their parents or guardians are protected in such ways as: (1) prior notice, and consent, (2) access to records, (3) confidentiality, and (4) due process procedures.

NAME OF NONPUBLIC, NONSECTARIAN AGENCY:
DATE:

ASSURANCE STATEMENT- continued

9. The nonpublic, nonsectarian agency will maintain records of the written instructional plan and short-term objective for each child enrolled and will specify the special education program and related services to be provided. Such plans shall be developed, reviewed, or revised as appropriate to the child's IEP early in each agency year and during the first year at least one other time.
10. The agency meets the requirements established by or under authority of the laws of the state and applicable city and/or county ordinances. Environmental health, sanitation and other building features shall not be detrimental to the health and safety of the students and staff.
11. The agency has the necessary financial resources to provide an appropriate education for the children enrolled and will distribute those resources in such a manner to implement the IEP for each and every child.
12. All personnel employed after 1/1/85 have signed a statement acknowledging their understanding of the reporting requirements in the cases of observed or suspected cases of child abuse. **[Penal Code 11166.5]**
13. The nonpublic, nonsectarian agency applicant is not operated or controlled by a sectarian group. The primary purpose of the facility is **not** operated or controlled by a sectarian group. The primary purpose of the facility is **nonreligious** and **religious education is not part** of the facility's program.

I certify under penalty of perjury that the above-named agency is committed to follow all laws and regulations as stated above.

| | | | |
|-------------------|---------|--------|------|
| Name (Print): | | | |
| Title: | | | |
| Signature: | | | |
| Mailing Address: | | | |
| City: | County: | State: | Zip: |
| Telephone: () | | | |

December 29, 2004

To: New & Renewing Nonpublic Schools and Agencies

From: Alice D. Parker, Ed.D.
Assistant Superintendent
Director, Special Education Division

Subject: Positive Behavior Intervention Regulations

All nonpublic schools and agencies are required to comply with the provisions of *California Code of Regulations*, Title 5, Section 3052, relative to the provision of behavior intervention. It is important that you read these regulations and acknowledge that you will comply with the requirements.

You can secure a copy of these rules by purchasing *A Composite of Laws* from CDE Press (800) 995-4099 or you can access these regulations, free of charge, through the following web site:

http://www3.scoe.net/speced/laws_search/searchLaws.cfm.

Please sign and return this page with your nonpublic school and/or agency application.

This is to acknowledge that I have read *California Code of Regulations*, Title 5, Section 3052. These rules provide guidance relative to positive behavior interventions. I agree that the nonpublic school or agency, for which I serve as a representative, will comply with all discipline practices, procedures for behavioral emergency intervention and prohibitions. I also ensure compliance with my school/agency's role in conjunction with the contracting local education agency in developing and implementing a pupil's behavioral intervention plan consistent with these regulations.

Printed Name of Representative

Signature of Representative

Name of Agency

Date